

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Dental Political Action Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00000729

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr Roger Triftshauser

Signature of Treasurer

Electronically Filed by Dr Roger Triftshauser

Date

12

04

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		491747.10
(b) Cash on Hand at Beginning of Reporting Period	67316.78	
(c) Total Receipts (from Line 19)	75837.00	932271.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143153.78	1424018.32
7. Total Disbursements (from Line 31)	37000.00	1317864.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106153.78	106153.78
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	46555.00	97650.00
(i) Itemized (use Schedule A)	28340.00	698110.24
(ii) Unitemized	74895.00	795760.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	74895.00	795760.24
12. Transfers From Affiliated/Other Party Committees	220.00	127840.31
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	722.00	5222.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3448.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75837.00	932271.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75837.00	932271.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3158.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	3158.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	1287300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3514.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3514.93
29. Other Disbursements.....	0.00	23891.32
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37000.00	1317864.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	1317864.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	74895.00	795760.24
34. Total Contribution Refunds (from Line 28(d))	0.00	3514.93
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74895.00	792245.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3158.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3158.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert C Daby

Mailing Address 710 Morris Way

City

Sacramento

State

CA

Zip Code

95864-6173

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7181910

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr John A Maletta

Mailing Address 1677 Plum Thicket Ln

City

West Des Moines

State

IA

Zip Code

50266-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7181911

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr M Joan Gillespie

Mailing Address # 225523RD
4C N St NW

City

Washington

State

DC

Zip Code

20001-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7181912

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kevin M Keating

Mailing Address 5107 Cashmere Ct

City

Fair Oaks

State

CA

Zip Code

95628-5365

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7181913

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Janice G Moreno

Mailing Address 2515 Poppy Dr

City

Lodi

State

CA

Zip Code

95242-4776

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7181916

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Lindsey Anne Robinson

Mailing Address 10384 Alta St

City

Grass Valley

State

CA

Zip Code

95945-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182261

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Douglas James Gordon

Mailing Address 20 Powder Bowl Ct

City

El Sobrante

State

CA

Zip Code

94803-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182262

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Gerald Gelfand

Mailing Address 4455 La Barca Dr

City

Tarzana

State

CA

Zip Code

91356-5042

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Dental School Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182264

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Carol Gomez Summerhays

Mailing Address 13234 Polvera Ave

City

San Diego

State

CA

Zip Code

92128-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182266

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lisa P Howard

Mailing Address 16 Rivers Edge Dr

City

Kennebunk

State

ME

Zip Code

04043-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182268

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Dr Jonathan David Shenkin

Mailing Address 654 Kenduskeag Ave

City

Bangor

State

ME

Zip Code

04401-7602

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182269

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Kenneth McDougall

Mailing Address 1605 9th Ave SE

City

Jamestown

State

ND

Zip Code

58401-6451

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182270

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gregory E Phillips

Mailing Address 4640 Harrison Ridge Rd

City

Columbus

State

IN

Zip Code

47201-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182271

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Dr Charles Lawrence Steffel

Mailing Address 660 Ellsworth St

City

Indianapolis

State

IN

Zip Code

46202-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182272

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Joseph P Crowley

Mailing Address 4659 Farview Ln

City

Cincinnati

State

OH

Zip Code

45247-6927

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182273

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 44

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael H Halasz

Mailing Address 9146 Beacon Light Ct

City

Centerville

State

OH

Zip Code

45458-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182274

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Terry G Schechner

Mailing Address 85 Tanglewood Trl

City

Valparaiso

State

IN

Zip Code

46385-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182298

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Henry W Fields, Jr

Mailing Address 4066 Fenwick Rd

City

Columbus

State

OH

Zip Code

43220-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Dental School Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182300

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Steven C Hollar

Mailing Address 1632 S Woodfield Trl

City

Warsaw

State

IN

Zip Code

46580-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182301

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Kim L Gardner

Mailing Address 11710 Butternut Rd

City

Chardon

State

OH

Zip Code

44024-9357

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182303

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Michael A Abbott

Mailing Address 344 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182320

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kirk Norbo

Mailing Address PO Box 355

City

Waterford

State

VA

Zip Code

20197-0355

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182398

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert G Plage

Mailing Address 807 Wood Cove Rd

City

Wilmington

State

NC

Zip Code

28409-0504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: 7182400

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Gus C Vlahos

Mailing Address PO Box 1379

City

Dublin

State

VA

Zip Code

24084-1379

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182402

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert P Hollowell, Jr

Mailing Address 101 Glenspring Way

City

Morrisville

State

NC

Zip Code

27560-6994

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182405

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Charles H Norman, III

Mailing Address 2012 Pembroke Rd

City

Greensboro

State

NC

Zip Code

27408-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182408

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Dr Charles Lynum Cuttino, III

Mailing Address 512 Welwyn Rd

City

Richmond

State

VA

Zip Code

23229-8106

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182411

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr H Fred Howard

Mailing Address PO Box 842

City

Harlan

State

KY

Zip Code

40831-0842

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	8

Transaction ID: 7182418

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr William E Lee

Mailing Address 1883 Fort Harrods Dr

City

Lexington

State

KY

Zip Code

40503-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	8

Transaction ID: 7182422

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Richard D Barnes

Mailing Address 5256 River Club Dr

City

Suffolk

State

VA

Zip Code

23435-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed dentistOccupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	8

Transaction ID: 7182423

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Charles L. Smith

Mailing Address 1501 7th Avenue

City

Charleston

State

WV

Zip Code

25312-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182424

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Dr David Miskel Eller

Mailing Address 5187 Route 60

City

Huntington

State

WV

Zip Code

25706

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182427

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas W Leslie

Mailing Address 4759 Cold Run Valley Rd

City

Berkeley Springs

State

WV

Zip Code

25411-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182428

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr William M Litaker, Jr

Mailing Address 1092 13th Ave NW

City

Hickory

State

NC

Zip Code

28601-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182430

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr James William Mc Daniel

Mailing Address 1201 Rocky Dell Ln

City

Signal Mountain

State

TN

Zip Code

37377-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182436

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Morris L Robbins, Jr

Mailing Address Unit 303
585 S Greer St

City

Memphis

State

TN

Zip Code

38111-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182438

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Elizabeth A Jabbour

Mailing Address 350 Briarwood Rd

City

Spartanburg

State

SC

Zip Code

29301-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182449

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Dr James A Harrell, Jr

Mailing Address 480 Hawthorne Rd

City

Elkin

State

NC

Zip Code

28621-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182452

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Dr Douglas A Wyckoff

Mailing Address 8992 NW Barwick Dr

City

Cameron

State

MO

Zip Code

64429-7537

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182454

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Nona I Breeland

Mailing Address 1506 E. Franklin Street

City

Chapel Hill

State

NC

Zip Code

27514-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182456

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark R Zust

Mailing Address 14005 Eagle Manor Ct

City

Chesterfield

State

MO

Zip Code

63017-2686

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182457

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Dr Bettie R Mc Kaig

Mailing Address 2425 Argyle Dr

City

Raleigh

State

NC

Zip Code

27609-7663

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182458

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Shanon T Kirchhoff

Mailing Address 1589 County Road 618

City

Cape Girardeau

State

MO

Zip Code

63701-9219

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182460

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Francis A Connor, Jr

Mailing Address 81 Wampanoag Cir

City

North Kingstown

State

RI

Zip Code

02852-5746

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182464

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Edwin S Mehlman

Mailing Address 3 Hanley Farm Rd

City

Warren

State

RI

Zip Code

02885-4376

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182471

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Milton A Glicksman

Mailing Address 49 State Road Nauset

City

Dartmouth

State

MA

Zip Code

02747

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182472

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr David Roy Neumeister

Mailing Address 1046 Western Avenue

City

Brattleboro

State

VT

Zip Code

05301-7144

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182473

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Joseph E Sokolowski

Mailing Address 1821 Greenbough Ct

City

Saint Louis

State

MO

Zip Code

63146-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182479

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kenneth J Weinand

Mailing Address 2309 S Arrowhead Ave

City

Independence

State

MO

Zip Code

64057-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182484

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert E Butler

Mailing Address 10014 Canterbury Farms Ct

City

Saint Louis

State

MO

Zip Code

63128-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182485

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Daniel R Menze

Mailing Address 1121 Timberline Rd

City

Moberly

State

MO

Zip Code

65270-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182487

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gary Donald Oyster

Mailing Address 597 Beechwood Road

City

Franklinton

State

NC

Zip Code

27525-9106

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182493

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Dr Kent N Tucker

Mailing Address PO Box 699

City

Pilot Mountain

State

NC

Zip Code

27041-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182824

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Gavin Gibbs Harrell

Mailing Address 834 Claremont Drive

City

Elkin

State

NC

Zip Code

28621-2449

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182830

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Wilson O Kelly Jewell

Mailing Address 5012 Crown Point Lane

City

Wilmington

State

NC

Zip Code

28409-3298

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182831

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Rodney J Klima

Mailing Address 9807 Flintridge Ct

City

Fairfax

State

VA

Zip Code

22032-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182832

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Dr Bruce R Hutchison

Mailing Address 5217 Glen Meadow Rd

City

Centreville

State

VA

Zip Code

20120-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182834

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Ralph L Howell, Jr

Mailing Address 117 Sleepy Ridge Ct

City

Suffolk

State

VA

Zip Code

23435-1357

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: 7182835

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr McKinley L Price

Mailing Address 938 Shore Dr

City

Newport News

State

VA

Zip Code

23607-6435

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: 7182836

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Alonzo M Bell

Mailing Address 1026 W Taylor Run Pkwy

City

Alexandria

State

VA

Zip Code

22302-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: 7182837

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Douglas S Rawls

Mailing Address 704 S Main St

City

Summerville

State

SC

Zip Code

29483-5912

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182838

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr John J Sanders

Mailing Address 153 Brandywine Dr

City

Summerville

State

SC

Zip Code

29485-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182839

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Michael D Eggnatz

Mailing Address 10860 Santa Fe Dr

City

Hollywood

State

FL

Zip Code

33026-4958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182847

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Wade G Winker

Mailing Address 220 Eastridge Dr

City

Eustis

State

FL

Zip Code

32726-7639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182849

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Samuel B Low

Mailing Address 4955 SW 91st Dr

City

Gainesville

State

FL

Zip Code

32608-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182850

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Dr Daniel A Bertoch

Mailing Address 4401 Carrollwood Village Drive

City

Tampa

State

FL

Zip Code

33618-8638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7182852

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kim U Jernigan

Mailing Address 1304 Creek Bridge Rd

City

Pensacola

State

FL

Zip Code

32514-1685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7183142

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Betty N Hughes

Mailing Address 940 41st Ave N

City

Saint Petersburg

State

FL

Zip Code

33703-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7183145

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Roger E Wood

Mailing Address 10741 Cherokee Rd

City

Midlothian

State

VA

Zip Code

23113-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 7183152

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian O Coleman

Mailing Address 8527 Sand Lake Shores Dr

City

Orlando

State

FL

Zip Code

32836-6342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7183167

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Teri-Ross Icyda

Mailing Address 3970 NE Joes Point Rd

City

Stuart

State

FL

Zip Code

34996-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7183170

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Richard A Huot

Mailing Address 8776 W Orchid Island Cir

City

Vero Beach

State

FL

Zip Code

32963-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7183175

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Barry P Setzer

Mailing Address 9649 Trendle Ln

City

Jacksonville

State

FL

Zip Code

32257-5754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7183180

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Michael J Link

Mailing Address 4 Assembly Ct

City

Newport News

State

VA

Zip Code

23606-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 7183554

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Philip H Dixon

Mailing Address 431 Fair Ave Nw

City

New Philadelphia

State

OH

Zip Code

44663-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190114

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Idalia Lastra

Mailing Address 2001 SW 4th Ave

City

Miami

State

FL

Zip Code

33129-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190115

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Bruce D Grbach

Mailing Address 9203 Mentor Avenue

City

Mentor

State

OH

Zip Code

44060-6477

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190116

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr James A Karlowicz

Mailing Address 1401 Parkdale Dr

City

Dover

State

OH

Zip Code

44622-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190122

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John N Williams, Jr

Mailing Address 84303 Winslow

City

Chapel Hill

State

NC

Zip Code

27517-8538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190123

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr K Jean Beauchamp

Mailing Address 173 E Glenwood Dr

City

Clarksville

State

TN

Zip Code

37040-3552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190125

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Daniel E Ketteman

Mailing Address 207 Loretta Ln

City

Godfrey

State

IL

Zip Code

62035-2456

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190126

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mary J Hayes

Mailing Address 2648 N Bosworth Ave

City

Chicago

State

IL

Zip Code

60614-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190127

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Susan Bordenave Bishop

Mailing Address 7314 N Edgewild Dr

City

Peoria

State

IL

Zip Code

61614-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190130

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Bradley W Barnes

Mailing Address 13775 Benjamin Ct

City

Bloomington

State

IL

Zip Code

61704-5143

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190131

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Chauncey Cross

Mailing Address 2401 Country Club Dr

City

Springfield

State

IL

Zip Code

62704-3215

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7190132

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Larry W Osborne

Mailing Address 710 Stevens Creek Blvd

City

Forsyth

State

IL

Zip Code

62535-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7191230

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Darryll L Beard

Mailing Address 8507 D Rd

City

Waterloo

State

IL

Zip Code

62298-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7191231

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Thomas J Hartog

Mailing Address 1630 Hickory Hill Ln

City

Freeport

State

IL

Zip Code

61032-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7191233

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas E Sullivan

Mailing Address 9840 Dickens St

City

Westchester

State

IL

Zip Code

60154-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7191234

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Frank A. Kyle, Jr

Mailing Address 3909 Rive Dr

City

Alexandria

State

VA

Zip Code

22309-3053

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 7191241

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Kristi Feder

Mailing Address 450 NW Gilman Blvd
Ste 103

City State Zip Code
Issaquah WA 98027-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 7222264

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Daniel Keith Cheek

Mailing Address 24 Sinnott Cir

City State Zip Code
Durham NC 27713-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 7222284

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kelvin Chou

Mailing Address Fl 2
1937 N Lincoln Ave

City State Zip Code
Chicago IL 60614-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
<None>

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 7243438

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Constance Karlowicz

Mailing Address 420 Reeves Avenue
Suite A

City	State	Zip Code
Dover	OH	44622-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer
James Karlowicz, DDSOccupation
dental assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Transaction ID: 7495248

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

46555.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 44

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

North Carolina Dental PAC

Mailing Address PO Box 4099

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

52160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Transaction ID: 7190108

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

220.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 44

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Halvorson for Congress

Mailing Address PO Box 176

City

Crete

State

IL

Zip Code

60417

FEC ID number of contributing
federal political committee.**C** C00440016

Name of Employer

Occupation

Receipt For: 2007

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Transaction ID: 7190111

Amount of Each Receipt this Period

722.00

Refund from ADPAC contribu-
tion

SUBTOTAL of Receipts This Page (optional)

722.00

TOTAL This Period (last page this line number only)

722.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andre Carson For Congress

Mailing Address One North Capitol Street #211

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Sent to Dr. Stephen Towns

Candidate Name
Andre Carson

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 07

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7171643

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

Sent to Dr. Stephen Towns

B.

Full Name (Last, First, Middle Initial)

Schmidt For Congress Committee

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140

Purpose of Disbursement
Sent to Dr. Mike Schaeffer

Candidate Name
Rep. Jean Schmidt

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 02

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7171996

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

Sent to Dr. Mike Schaeffer

C.

Full Name (Last, First, Middle Initial)

Steve Cohen For Congress

Mailing Address 349 Kenilworth

City Memphis State TN Zip Code 38112

Purpose of Disbursement
Sent to Dr. Morris Robbins

Candidate Name
Rep. Stephen Ira Cohen

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 09

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7172001

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

Sent to Dr. Morris Robbins

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Duncan For Congress

Mailing Address PO Box 2646

City
KnoxvilleState
TNZip Code
37901Purpose of Disbursement
Sent to Dr. John OsbornCandidate Name
Rep. John J. Duncan, Jr.Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 02

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7172003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

Sent to Dr. John Osborn

B.

Full Name (Last, First, Middle Initial)

David Price for Congress

Mailing Address PO Box 1986

City
RaleighState
NCZip Code
27602Purpose of Disbursement
Check sent to Dr. Alec Parker for event 10/05/08Candidate Name
David PriceOffice Sought: ☒ House
☐ Senate
☐ President

State: NC District: 04

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7173008

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

3000.00

Check sent to Dr. Alec Parker for event 10/05/08

C.

Full Name (Last, First, Middle Initial)

John Shadeggs Friends

Mailing Address PO Box 45444

City
PhoenixState
AZZip Code
85064Purpose of Disbursement
Check sent to Dr. Brian PowleyCandidate Name
Rep. John B. ShadeggOffice Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 03

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 7173010

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

Check sent to Dr. Brian Powley

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Waters for office

Mailing Address 10124 South Broadway
Suite 1

City Los Angeles State CA Zip Code 90003

Purpose of Disbursement
Check sent to Dr. Irving Lebovics

Candidate Name
Maxine Waters

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 35

Transaction ID: 7195386

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

2500.00

Check sent to Dr. Irving Lebovics

B.

Full Name (Last, First, Middle Initial)

Jerry Lewis for Congress Committee

Mailing Address 2112 Rayburn House Office Building

City Washington State DC Zip Code 20515

Purpose of Disbursement
Check sent to Dr. Clelan Ehrler

Candidate Name
Jerry Lewis

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 41

Transaction ID: 7195388

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

4000.00

Check sent to Dr. Clelan Ehrler

C.

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Check sent to Campaign-Jennifer Fisher attended event 09/22/08

Candidate Name
Rep. Chaka Fattah

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼

State: PA District: 02

Transaction ID: 7195389

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign-Jennifer Fisher attended event 09/22/08

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Wexler for Congress Cmte.

Mailing Address 2500 N. Military Trail
Ste. 288

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Check sent to Dr. Paul Werner

Candidate Name
Robert Wexler

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 19

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7195390

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

2500.00

Check sent to Dr. Paul Werner

B.

Full Name (Last, First, Middle Initial)

Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement
Check sent to Dr. Raymond Maddox

Candidate Name
Rep. Steve Buyer

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 04

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7195391

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

5000.00

Check sent to Dr. Raymond Maddox

C.

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Check sent to Dr. Edmund Effort

Candidate Name
Rep. Chaka Fattah

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 02

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7196976

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

2000.00

Check sent to Dr. Edmund Effort

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)
Tim Johnson For South Dakota, Inc.

Mailing Address PO Box 1859

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Check sent to Dr. Mel Thaler

Candidate Name
Tim Johnson

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: SD District:

Transaction ID: 7202292

Date of Disbursement

M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

Check sent to Dr. Mel Thaler

B. Full Name (Last, First, Middle Initial)
A Whole Lot Of People For Grijalva Congressional C

Mailing Address PO Box 1242

City State Zip Code
Tucson AZ 85702

Purpose of Disbursement
Check delivered by Kathleen Ford

Candidate Name
Rep. Raul M. Grijalva

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: AZ District: 07

Transaction ID: 7202294

Date of Disbursement

M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 8

Amount of Each Disbursement this Period

3000.00

Check delivered by Kathleen Ford

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

37000.00